

L 19 000 256 282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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05/15/20--01009--030 \*\*25.00\*

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JUL 28 2020

05/15/20 10:30 AM

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Top Notch Tree/Debris LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rocky Upthegrove  
Name of Person

Top Notch tree/debris LLC  
Firm/Company

6723 Carriage Ln  
Address

Lakeland Florida 33811  
City/State and Zip Code

rockyupthegrove@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rocky Upthegrove at (863) 529-4082  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2020 JUN 05 08:40

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2020

ROCKY UP THE GROVE  
6723 CARRIAGE LN  
LAKELAND, FL 33811

SUBJECT: TOP NOTCH TREE/DEBRIS LLC  
Ref. Number: L19000256282

We have received your document for TOP NOTCH TREE/DEBRIS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 020A00011162



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jarred Register	6788 Lake Buffum Rd	<input type="checkbox"/> Add
		Fort Meade FL 33841	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dustin Sammons	3471 Jade Lane	<input checked="" type="checkbox"/> Add
		Mulberry, FL 33860	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

